EALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/27/202

Undertaker

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate. Hepartment, Orty of Office of Registran of Wital Statistics. Permit No. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. Write legibly and spell correctly. If an Infant not named, give names of parents. Full Name of Deceased, Cross out the word not } Age, Years. Days Color, Married, Single, Widow or Widower, Cross out the words not required in this line. Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore Place of Death, {Give Street and } Cause of Death, First (Primary), Second (Immediate), Duration of Last Sickness, Place of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business, 2008

The Special Attention of Physicians is R	espectfully Invited to the	Remarks below, and to List of Dises	ases on back of this Certificate.
		Gity of Bal	, / [
		ar of Vital Statistics	
to the Undertaker or other person super	rintending the burial, with	esponsible for the presentation of the hin twenty-four hours after the death	n of said deceased, or societ, in
CERT	IFICATE	E OF DEAT	ГН.
Date of Death,	(Probably)	June 28-	87.
$ extit{Full Name of Deceased}, \left\{ egin{smallmatrix} ext{corre} \ ext{not r} \ ext{of pa} \end{array} ight.$	rents.	crnest 1	Ceister '
Sex, Male or Female, Cross out required	the word not in this line.		
	Years,	Months,	Days.
Color, Whi			
Married, Single, Widow or V	Vidower, { Cross out the required in the	words not }	
Occupation,			
Birth Place, State or country, and ho	w, City	J. I.	V
Duration of Residence in the	ne City of Baltimo	re, De	^ .¥-
Place of Death, {Give Street and Number.}	jones Ha		andy etc-
First (Primar	1 Ash fu	yia fromd	rowning (accin
Cause of Death, Second (Imm	1 1		· I dental
Duration of Last Sickness, All the above information should be furni		- munules	
Place of Burial, Mount	1 barne	llegen	,1
Date of Burial, Jacky		Alexande	Hill, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Mecins Adaress, Con

Medical Attendant.

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[OVER.]

The Special Attention of Physic	cians is Respectfully Invited	to the Remarks belo	w, and to List of Diseases	on Back of this Certificate
	h Departme			more.
Permit No. 763	11.00 01 2003.	istrant of m	tal Statistics.	Ward /
requested so to do, under penalt	ed any person in a last illness, son superintending the burial y of law. ERMIT FOR BURIAL CAN BE	winin thench-log	nour safter the death of sa	nd deceased, or sooner, II
CE	RTIFICA	TE OF	DEATH	I
Date of Death,	me.	29 /	887	9
Full Name of Decease	d, {Write legibly and spell correctly. If an Infant not named, give names of parents.	hiel	ea de	liver
Sex, Male or Female,	Cross out the word not } equired in this line.			3
Age,	Years,	6	Months,	Days
Color,		toher	L	
Married, Single, Wido	w or Widower, {Cross or require	ut the words not } d in this line.	·	
Occupation,			*	/
Birth Place, State or country long in the Unit of foreign bi	y, and how tited States,	Tu	-	
Duration of Residence	in the City of Baltin	more, ly	Ltun	•
Place of Death, {Give Str Num	eet and ber.	04 Ea	of Fagel	to 12
Cause of Death, {	(Primary),	Cera.	Infanti	
Duration of Last Sick	mess,	2 1200	2-	
Place of Burial, 711	want Com	et bem	-	
Date of Burial, Ga				~
	In Henry		Medi	M. D.
(Place of Business,	1008 Onlean	Address,	my of to	-202-

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The Special Attention of Physicians	is Respectfully Invited to the Re	emarks below, and to I	ist of Diseases on back of	this Certificate
The state of the s	Department,	The second secon		. 40
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of	law.	consible for the present	ation of this Certificate, at the death of said deceas	
	TIFICATE	OF D		a
Date of Death,		Junes	9-1887	
Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names	George !	or Jones	
Sex, Male or Female, { Cross	or parents. s out the word not }	pole		/
Age,	Years,	Months		Days
Color,		me	latter 11	
Married, Single, Widow of	r Widower, {Cross out the wor	ds not }	afte 1	
Occupation,			nil	
Birth Place, State or country, at long in the United if of foreign birth.	dd how States,	Balt	4	
Duration of Residence in		,. 8 33	ror	
Place of Death, {Give Street as Number.	nd}	81	5 michan	er cot.
$ extit{\it Cause of Death,} egin{cases} ext{First (Pr} \ ext{Second (} \end{cases}$	imary),	Gra Gwee,	ks-	
Duration of Last Sickner		·····		
Place of Burial, Lou	nel Caneter			
Date of Burial, Jun	e 30.1887		Shutt	
Undertaker, Um	. H. Huck	man.	Medical Attends	
Place of Business,	3400. Hay A	ddress,	4039 Gale	2 9 -

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Undertaker.

Place of Business,

The special attention of Physicians is kespectivity invited to the Remarks below, and to List of Diseases on back of this Certificate
Bealth Department, City of Baltimore.
Permit No. 700 Office of Registrar of Wild Statistics. Ward 20
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, without twenty-four hours after the death of said deceased, or sooner, is requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, June 29/87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } fam all
Age, Years, /2 Months, Days
Color, Sed
Married, Single, Widow or Widower, Cross out the words not }
Occupation.
Birth Place, {State or country, and how long in the United States, of foreign birth.
Duration of Residence in the City of Baltimore, 3 Months
Place of Death, {Give Street and } Iff 35 Parish all
Cause of Death, { First (Primary), Cholina Anfantus. Second (Immediate),
Duration of Last Sickness, 2 Welas
Place of Burial, shart Comelen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Kespectiully Invited to the Kemarks below, and to List of Diseases on back of This Certification
Bealth Department, City of Baltimore.
Permit No. 766 Office of Registrar of Vital Statistics. Ward 20-
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty for hours, after the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be Outsided Without A Process Certificate.
CERTIFICATE OF DEATH.
Date of Death, June 27
Full Name of Deceased, write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } Ullimote
Age, Years, 5 Months, 5 Days
Color,
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and} 32- Little Walch st-
Cause of Death, { First (Primary), Cholora Manufon 5- Clay's
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Western Cen.
Date of Burial, Luce 30 (Undertaker, Walter Immel M. D

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 5-94 W. Biddle Address,

Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Place of Business, #

The Special Attention of Physicians is	Respectfully Invited to the R	emarks below, and to	List of Diseases on B	ack of this Certificate
Bealth ?	Department,	City of	Baltim	ore./9
The Physician who attended any	Office of Registra	withle for the presents	tion of the Contifica	Ward / 1
to the Undertaker or other person sur requested so to do, under benalty of la	perintending the burial, within	twenty four 300rs beet	the death of said d	leceased, or sooner, if
CERT	TIFICATE	OF BI	EATH.	
Date of Death,	June 29	1887		
Full Name of Deceased, $\left\{egin{array}{c} W_1 \\ \cos \\ \cos \\ \cos \end{array}\right\}$	ite legibly and spell rectly. If an Inlant named, give names parents.	ol. Star	umero	lough
Sex, Male or Female, Cross out				0
Age, 43	Years,	Months	······	Days
Color,	W			
Married, Single, Widow or	Widower, Cross out the wor	ds not }		
	merchan		V	
Birth Place, State or country, and his long in the United State of foreign borth.	(ON) Bas	eto		
Duration of Residence in th	he City of Baltimore,	Life	······	
Place of Death, (Give Street and Number.)	12.05	W Ba	eto Ah	
	The Philips			lerveis
Second (Imr	nediate), ase	Laura		
Duration of Last Sickness,		Six 1	nonetes	
Place of Burial, Olice,	Sholow			
Date of Burial, June	30 2/887	FB	Chall	and la
(Undertaker Holms	w X Minus		, cure	7/M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

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[OVER.]

The Special Attention of Physicia	ans is Respectfully	Invited to the Re	emarks below, a	and to List of I	diseases on back	of this Certificate
Health	Depai	tment,	City	of Ba	ltimor	e. /
Permit No. 7/18	Office of	Registra	Nof Vita	i Statist	ics. Wa	rd 14
The Physician who attende to the Undertaker or other perso requested so to do, under penalty No Per	ed any person in a la on superintending t	ast illness, is vesp he burial, within	onsible for the	presentation of relatter the de	this Certificate eath of said dec	e, accurately filled on ceased, or sooner, i
CER	RTIFIC	CATE	OF	DEA	TH.	- 3-
Date of Death,			me	29t	187	
Full Name of Deceased	Write legibly and correctly. If an Ir not named, give no of parents.	ames	Liz	gie .	Mae	k
Sex, Male or Female, {				lma	le	7.
Age, O	Years,	0	Hecks M	1. 1	,	Days
Color,		1	Dary	Z Jos	our	
Married, Single, Widow	or Widower,	{Cross out the word required in this lin	ls not }	du	gla	
Occupation,		11)	- Man	•
$Birth \;\; Place, egin{cases} ext{State or country} \ ext{long in the Unit} \ ext{if of foreign bir} \end{cases}$		V	······································	Ball	- cely	
Duration of Residence					Heek	3
$Place \ of \ Death, \{^{ ext{Give Stree}}_{ ext{Number}}$	et and }	No	617	* le	arlton	st
Cause of Death, \langle	(Primary),d (Immediate),		loholes	Hot a	south.	
Duration of Last Sick		hysician	One	-Wee	k	
Place of Burial, Lev	nel Gon	nely			4	
Date of Burial Jon		8,4) -	Bo.	4 12	-6	w n
(Undertaker, Will	and Di	ingu 7	ary o	7110	Modical Att	- M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address, Con

Place of Business, 150 Early

Medical Attendant.

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[OVER.]

| Place of Business,

The Special Attention of Physicians is Respectfully Invited t	o the Remarks below, and to List of Diseases on Back of this Certificate
	nt, City of Baltimore.
	Street of Vital Studistics. Ward 8
requested so to do under repulty of law	is responsible to the presentation of this Certificate, accurately filled out, within accuracy four hours after the death of said deceased, or sooner, if DEPAINED WITHOUT A PROPER CERTIFICATE.
	TE OF DEATH.
Date of Death, Line 2.	
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Michael Mc Avoz
Sex, Male or Female, {Cross out the word not } required in this line.	
Age, G5 Years,	Months, Days
Color, Chile	
Married, Single, Widow or Widower, Cross out required	
Occupation, Zato	ver V
11.0 00	neland
Duration of Residence in the City of Baltin	nore, Don't Know
Duration of Residence in the City of Baltin Place of Death, {Give Street and }	. Little Sisters of the Voor
Cause of Death, { First (Primary), Second (Immediate),	Françatio Jangren
Duration of Last Sickness, All the above information should be furnished by the Physician.	1 week
Place of Burial At Balick C	my 1
Date of Burial, June 35. 18	MoBrike Buile
(Undertaker, Daniel Hynn	Medical Attender

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

west st

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[OVER.]

The Special Attention of Physicians	s is kespectivity invited to the n	temarks below, and to	List of Diseases on Dack	CHIS CETHREALE.
Bealth	Department,	And the second section of the second		
Permit No. 770	Office of Registra	To What sy	atistics. Ward	
to the Undertakef or other person requested so to do, under penalty of	my person in a last illness, fare superintending the burial, with law. Tr FOR BURIAL CAN BE OBTAIN	n twenty-four hours ofte	er the death of said decod	sed, or sooner, i
CER	TIFICATE	OPD	EATH.	4
Date of Death, Ju		1887	0 0 4	
$Full \ Name \ of \ Deceased, igg\{$	Write legibly and spell correctly. If an Infant not named, give names of parents.	ary so	ee Uda	me
Sex, Male or Female, Cros				1
Age,	Years,	Month.	8,	Days.
Color, White			. /	•
Married, Single, Widow o	r Widower, {Cross out the work required in this s	rds not }	1/	
Occupation,	1 1795		V	
Birth Place, State or country, at long in the United if of loreign winth.	ad how States, States,	me ope	1	
Duration of Residence in	the City of Baltimore	, Loufe	· lame	
Place of Death, Give Street a Number.	nd 1310 1	1 Dal	lasa	
$\it Cause of Death, egin{cases} { m First \ (Pr)} \\ { m Second \ ()} \end{cases}$	imary), Chole Immediate),	ra Ch	fanler	
Duration of Last Sicknes		ay-		
Place of Burial, Su	llumore (en	by.		
Date of Burial, Jan	re 29/87	Vm. Lo	Rumed	W D
(Undertaker, USA	Dituy !		Medical Attend	M. D.
Place of Business A	1 h Thousen	ddress. 80%	h Brus	Luca -

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[OVER.]